

**APPLICATION FOR
RELIEF FROM ABUSE**JD-FM-137 Rev. 12-03 C.G.S. §§ 29-28, 29-32, 29-33, 29-36k,
29-36i, 46b-15, 52-231a, 53a-217c.**STATE OF CONNECTICUT
SUPERIOR COURT**

www.jud.state.ct.us

**INSTRUCTIONS
TO APPLICANT**

1. Use a typewriter or print clearly in ink. You must also complete an Affidavit, form JD-FM-138. Give both forms to the Clerk of Court.
2. After your Application and Affidavit are processed, the clerk will give you the proper papers to have served on the Respondent.
3. Make sure the originals are returned to court after service.

**INSTRUCTIONS
TO CLERK**

1. If Ex Parte relief is ordered, prepare Restraining Order - Relief From Abuse, form JD-FM-139; be sure to check the Ex Parte Restraining Order box on page 1 and complete the Order and Notice of Court Hearing on page 2.
2. If Ex Parte relief is NOT ordered, prepare Order and Notice of Court Hearing - Relief From Abuse, form JD-FM-140.
3. Provide the Applicant with the original and one copy of the Application and Affidavit. Retain copies of each for court file.
4. Provide the Applicant with the Procedures For Relief From Abuse Process brochure JD-FM-142P for further information.

JUDICIAL DISTRICT OF	COURT LOCATION (No., street, town and zip code)			DOCKET NO. (For court use only)
NAME OF APPLICANT (Your name)	DATE OF BIRTH (mm/dd/yyyy)	SEX (M/F)	RACE	
ADDRESS TO WHICH APPLICANT'S MAIL IS TO BE SENT (No., street)	(Town)	(State)	(Zip Code)	
APPLICANT'S TOWN OF EMPLOYMENT (If employed)	(State)	(Zip Code)		
NAME OF YOUR ATTORNEY (If any)			ATTORNEY'S TEL. NO.	
NAME OF RESPONDENT (Person against whom application is filed)	DATE OF BIRTH (mm/dd/yyyy)	SEX (M/F)	RACE	
ADDRESS OF RESPONDENT (No., street)	(Town)	(State)	(Zip Code)	

RESPONDENT IS ("X" all that apply)

- ☐ MY SPOUSE ☐ MY CHILD ☐ MY PARENT ☐ A PERSON 18 OR OVER RELATED TO ME BY BLOOD OR MARRIAGE
☐ MY FORMER SPOUSE ☐ A PERSON 16 OR OVER WITH WHOM I RESIDE OR WITH WHOM I HAVE RESIDED
☐ PARENT OF MY CHILD ☐ A CARETAKER WHO IS PROVIDING SHELTER IN HIS OR HER RESIDENCE TO A PERSON 60 YEARS OF AGE OR OLDER
☐ A PERSON WITH WHOM I HAVE (OR RECENTLY HAD) A DATING RELATIONSHIP

<input type="checkbox"/> "X" here if a Protective Order/Restraining Order exists affecting any party to this Application (Enter Docket No. and Court Location)	DOCKET NO.	COURT LOCATION
<input type="checkbox"/> "X" here if a dissolution of marriage (divorce), custody or visitation action exists involving the same parties. (Enter Docket No. and Court Location)	DOCKET NO.	COURT LOCATION

APPLICATION FOR RELIEF FROM ABUSE

I have been subjected to a continuous threat of present physical pain or physical injury by the Respondent named above as stated more fully in my attached Affidavit. I request that the court: ("X" all that apply)

- ☐ 1. ORDER THAT THE RESPONDENT NAMED ABOVE:
- ☐ Refrain from imposing any restraint on me. ☐ Refrain from entering the family dwelling or my dwelling.
☐ Refrain from threatening, harassing, assaulting, molesting, sexually assaulting or attacking me.

(NOTE: The address provided here will be included on any orders entered by the court. If you do not wish to provide your address, do not complete this box. However, failure to disclose your location information may limit the protection you can receive by the restraining order. If you believe that disclosure of location information would jeopardize you and/or your child(ren)'s health, safety or liberty, you may file a Request For Nondisclosure of Location Information with the Clerk of

ADDRESS OF DWELLING (No., street, town, state, zip code)

- ☐ 2. AWARD ME TEMPORARY CUSTODY OF THE FOLLOWING MINOR CHILD(REN) WHO IS (ARE) ALSO THE CHILD(REN) OF THE RESPONDENT:

NAME (First, Middle Initial, Last)	SEX (M/F)	DATE OF BIRTH (MM/DD/YYYY)	NAME (First, Middle Initial, Last)	SEX (M/F)	DATE OF BIRTH (MM/DD/YYYY)
1			4		
2			5		
3			6		

- ☐ 3. ORDER THAT THE RELIEF REQUESTED ABOVE IN NUMBER 1 EXTEND TO:

- ☐ The child(ren) named in Number 2 above.
☐ Other persons (Specify name(s) and relationship(s) to you)

- ☐ 4. FURTHER ORDER:

REQUEST FOR EX PARTE (IMMEDIATE) RELIEF ("X" if applicable)

- ☐ 5. I REQUEST THAT THE COURT ORDER EX PARTE (IMMEDIATE) RELIEF BECAUSE I BELIEVE THERE IS AN IMMEDIATE AND PRESENT PHYSICAL DANGER TO ME AND/OR MY MINOR CHILDREN.

SIGNED (Applicant) X	Subscribed and sworn to before me:	SIGNED (Clerk, Notary, Comm. Sup. Ct.)	DATE SIGNED
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OPTIONAL TO APPLICANT (If you choose to answer "X" the appropriate boxes below)

1. Does the respondent hold a permit to carry a pistol or revolver?..... ☐ YES ☐ NO ☐ UNKNOWN
2. Does the respondent possess one or more firearms?..... ☐ YES ☐ NO ☐ UNKNOWN